PTC/S8/08 (04-03)
Approved for use through 7/31/2009. CMB 0651-0032
U.S. Peterá and Trademark Office; U.S. DEPARTMENT/OF COMMERCE

AFTER AMENDMENT PAID FOR TOTAL TOTAL FEE TOTAL TOTAL FEE TOTAL LEGD OR X S = TOTAL ADD'L FEE OR ADD'L FEE OR ADD'L FEE OR AFTER ALIENDENT PRESENT	RCE	eperwork Reduction Act of	TUNG no pers	upst ere and:	mass to lessbourd	to a collection of the	bullernou avid	ss a diapta	ys a valid OMB	counties aminger	
COLUMN 1) (COLUMN 2) SMALL ENTITY  FOR NUMBER FILED NUMBER EXTRA  RATE FEE  CR RATE FEE  COR RATE FEE  COTHAL THAN  CR RATE ADDITIONAL FEE  CR RATE ADDITIONAL FE	1	PATENT APPLICA	ATION FE	E DETE	RMINATIO				al on Docker in		
COLUMN 1) (COLUMN 2) SMALL ENTITY  FOR NUMBER FILED NUMBER EXTRA  RATE FEE  OR RATE ADDITIONAL FEE  OR	1	•									
BASIC FRE (2) CFR 1.18(u))  TOTAL CALMS (37 CFR 1.18(u))  TOTAL CALMS (37 CFR 1.18(u))  MULTIPLE DEPENDENT CLAIM PRESENT (37 CFR 1.18(u))  MULTIPLE DEPENDENT CLAIM PRESENT (37 CFR 1.18(u))  MULTIPLE DEPENDENT CLAIM PRESENT (37 CFR 1.18(u))  TOTAL  OR  X \$ _ "  OR  TOTAL  ADDI-  TOTAL  ADDI-  TOTAL  OR  TOTAL  OR  TOTAL  ADDI-  TOTAL  TOTAL  ADDI-  TOTAL  ADDI-  TOTAL  ADDI-  TOTAL  TOTAL  TOTAL  ADDI-  TOTAL  TO	CLAIMS AS FILED - P				SMALL ENTITY		<b>O</b> R	- · · · · · · · · · · · · · · · · · · ·			
CR 1.18(4)  TOTAL CLAIMS (C) CFR 1.18(4)  MIJATIPLE DEPENDENT CLAIM PRESENT (C) CR 1.18(4)  MIJATIPLE DEPENDENT CLAIM PRESENT (C) CR 1.18(4)  WE TOTAL  CR X \$			R FILED	NUMBER EXTRA		RATE	FEE	l	RATE	FEE	
COLUMN 1)   COLUMN 2   COLUMN 3   COLUMN 3   COLUMN 3   COLUMN 4   COLUMN 4   COLUMN 5   COLUMN 5   COLUMN 5   COLUMN 5   COLUMN 5   COLUMN 6   COLUMN 6   COLUMN 6   COLUMN 6   COLUMN 7	(37 CFR 1.18(s))						ŧ	OR		.290	
MULTIPLE DEPENDENT CLAIM PRESENT G7 CFR 1.18(d)  If the difference in column 1 is less than zero, enter 10 in column 2.  If the difference in column 1 is less than zero, enter 10 in column 2.  TOTAL  OR  OTHER THAN  SMALL ENTITY  OR  SMALL ENTITY  OR  OTHER THAN  SMALL ENTITY  RATE  ADDI- TIONAL  FEE  OR  X \$  OR  TOTAL  OR  TOTAL  OR  TOTAL  OR  TOTAL  OR  TOTAL  TOTAL  OR  AS  OR  X \$  TOTAL  OR  ADDI- FEE  OR  TOTAL  ADDI- TOTAL  TOT	(37 CFR 1.18(c	(d) / Y	minus 32	· -	-	x 4•		OR	x s=		
** Total OR TOTAL TOTAL OR TOT					x 6•		OR	x &	-		
CLAIMS AS AMENDED - PART II  (Column 1) (Column 2) (Column 3) SMALL ENTITY  CLAIMS REMAINING NUMBER PRESENT PRESENT PREVIOUSLY PAID FOR TIONAL FEE  Total Of CRA LISCO OR X \$ _ =   INCOMPRESENTATION OF MAITTPLE DEPENDENT CLAIM (37 CFR 1.18(d))  FREST PRESENTATION OF MAITTPLE DEPENDENT CLAIM (37 CFR 1.18(d))  CLAIMS REMAINING OR X \$ _ =   TOTAL ADDITER  COLUMN 1) (Column 2) (Column 3)  CLAIMS REMAINING OR ADDITER  COLUMN 1) (Column 2) (Column 3)  CLAIMS REMAINING OR ADDITER  ADDITER THAN SMALL ENTITY  RATE ADDITER  TOTAL ADDITER  COLUMN 1) (Column 2) (Column 3)  CLAIMS REMAINING OR ADDITER  ADDITER  TOTAL ADDITER  T	MULTIPLE DEPENDENT CLAIM PRESENT (\$7 CFR 1.16(d))					+1		OR	+5		
Column 1)	"If the difference in column 1 is less than zero, entire "O" in column 2.					TOTAL		OR	TOTAL	790	
Column 1)	A A GELAIMS AS AMENDED - PART II										
REMAINING AFTER PREVIOUSLY PAD FOR PREVIOUSLY PAD FOR TIONAL FEE OR X \$ =	11:11	(Column 1)	(	Column 2)	(Column 3)	SMALL	YTITM	OR			
Column 1)   Column 2)   Column 3)   Column 3)   Column 3)   Column 4)   Column 4)   Column 5)   Column 5)   Column 6)   Column 6)   Column 7)   Column 7)   Column 8)   Colu		REMAINING AFTER AMENDMENT	PRI P	NUMBER EVIOUSLY		RATE	TIONAL		RATE	ADDI- TIONAL FEE	
FRIST PRESENTATION OF MALTIPLE DEPENDENT CLAIM (37 CFR 1.18(d))  ### TOTAL ADD'L FEE  CCOLUMN 1)  CCALIMS  REMARSING:  AFTER ADD-L  FEE  TOTAL ADD'L FEE  CR ADD'L FEE  TOTAL ADD'L FEE  RATE ADD-L  TIONAL FEE  TOTAL  ADD'L FEE  TOTAL  TOTAL  ADD'L FEE  TOTAL  ADD'L FEE  TOTAL  TOTAL  ADD'L FEE  TOTAL  TOTAL  ADD'L FEE  TOTAL  ADD'L FEE  TOTAL  TOTA	O CO CTALL	LIGUS	Minus **	ao .	: h	x s=		OR	X 8=		
FREST PRESENTATION OF MALTIPLE DEPENDENT CLAIM (37 CFR 1.18(d))  (Column 1)  (Column 2)  (Column 2)  (Column 3)  (Column 3)  (Column 3)  (Column 4)  (Column 3)  (Column 5)  (Column 5)  (Column 5)  (Column 6)  (Column 7)  (Column 7)  (Column 8)  (Column 8)  (Column 8)  (Column 9)  (Column 9)  (Column 1)  (Column 1)  (Column 1)  (Column 2)  (Column 2)  (Column 3)  (Column 3)  (Column 1)  (Column 1)  (Column 2)  (Column 2)  (Column 3)  (Column 2)  (Column 3)  (Column 1)  (Column 1)  (Column 1)  (Column 2)  (Column 2)  (Column 2)  (Column 1)  (Column 1)  (Column 1)  (Column 2)  (Column 2)  (Column 2)  (Column 3)  (Column 3)  (Column 2)  (Column 3)  (Column 4)  (Column 4)  (Column 4)  (Column 5)  (Column 5)  (Column 6)  (Column 6)  (Column 7)  (Column 7)  (Column 8)  (Column 8)  (Column 1)  (Column 1)  (Column 1)  (Column 2)  (Column 1)  (Column 1)  (Column 1)  (Column 1)  (Column 2)  (Column 2)  (Column 2)  (Column 3)  (Column 4)  (Column 1)  (Column 1)  (Column 2)  (Column 1)  (Column 2)  (Column 1)  (Column 2)  (Column 1)  (Column 1)  (Column 1)  (Column 1)  (Column 1)  (Column 2)  (Column 2)  (Column 2)  (Column 3)  (Column 4)  (Column 1)  (Column 2)  (Column 2)  (Column 3)  (Column 3)  (Column 2)  (Column 4)  (Column 4)  (Column 4)  (Column 4)  (Column 5)  (Column 6)  (Column 6)  (Column 7)  (Column 7)  (Column 7)  (Column 8)  (Column 8)  (Column 8)  (Column 1)  (Column 2)  (Column 1)  (Column 2)  (Column 1)  (	III (2) OFFI L.I	dent Litapy	Minus ***	2	(12)	x s*		OR	X 5=		
(Column 1) CE (Column 2) (Column 3)  CLAIMS REMARKING HIGHEST NUMBER PREVIOUSLY PAD FOR PREVIOUSLY PAD FOR PACTURE TOWN FEE TOWN	1 71	RESENTATION OF MULTIPLE (	DEPENDENT O	UIII (77 OF	R 1.15(4)	+5		OR	+1 =		
COLUMN 1) C C (COLUMN 2) (COLUMN 3)  CLAIMS  REMARKING: REMARKING: REMARKING: AFTER AFTER APPREVIOUSLY PARTER PREVIOUSLY PARTER ADDITIONAL FEE  TOWN  TOWN FEE  TOWN FEE  TOWN FEE	i				7			OR.			
CLAIRS REMARKING		(Column 1) R		:		ADDEFEE (	· ·				
: ≤   Total (  *	ニノにん	CLAIMS REMAINING AFTER AMENDMENT	PRI P	IUMBER EVIOUSLY	PRESENT	RATE	TIONAL		RATE	ADDI- TIONAL FEE	
Z Independent Minus *** 2 * 7	: ∑ Tota	ARCOP .		2U	0	x 8=		OR	x 5•		
W	Independe	.1603)	Minus ***	3	0	x s •	•	OR	X 8		
FIRST PRESENTATION OF MILITIPLE DEPENDENT CLASS (37 CFR 1.16(4)) +8 OR +8	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLADE (27 CFR 1.18(4))					+=		OR	+ 8		
YOTAL TOTAL ADD'T FEE OR ADD'T FEE								OR			
(Column 1) (Column 2) (Column 3)					(Column 3)						
CLAIMS HIGHEST PRESENT RATE ADDITIONAL RATE ADDITIONAL RATE ADDITIONAL RATE ADDITIONAL RATE FEE FEE	ပ	REMAINING AFTER	N PRI	UMBER EVIOUSLY		RATE	TIONAL		RATE	TIONAL	
Total " Minus " " X	된 .	ai .: 4(c))	Minus		2	x 1=		or	x		
Z independent " Minus ** Minus ** X s_ * OR X s_ *	Y Total	inert Lispon	Minus ***		•						
FIRST PRESENTATION OF MULTIPLE DEPONDENT CLAIM (\$7 CFR 1.16(d)) +5	Total Corona La	RESENTATION OF MULTIPLE C	·			+ 4 -					
TOTAL TOTAL ADD'L FEE OR ADD'L FEE	O CO CO R LLI				~~						
" If the entry in column 1 is less than the entry in column 2, write "O" in column 3. " If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20". "" If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3".	O CO CO R LLI					ADO'L FEE I		UK	AUUL PEE I		

"If the "Highest Number Previously Paid For" IN THIS SPACE is least then 3, enter 3.

The "Highest Number Previously Paid For" (Total or independent) is the highest number found in the appropriate box in column 1.

his collection of information is required by 37 CFR 1.16. The information is required to obtain or retain a benefit by the public which is to file (and by the 15P10 to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting this completed application form to the USPOT Time will vary depending upon the individual case. Any comments in the amount of time, you require to complete its form and/or suggestions for reducing this burden, should be sent to the Chief information Officer, U.S. Patient and Izademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450, DO NOT SEND FEES OR COMPLETED FORMS TO THIS DORESS, SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1459.